

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 22	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE MR		FIRST ROGER	MI 0	OFFICE USE ONLY
	NICKNAME		LAST FLORES	SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:
	ZIP CODE				
5 CAMPAIGN TREASURER NAME	TITLE MRS		FIRST JANINE	MI P	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		LAST FLORES	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 25 / 03 04 / 23 / 03				
10 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) CITY COUNCIL, DISTRICT 1		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME ROGER FLORES, JR		15 ACCOUNT # (Ethics Commission files)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10755.⁰⁰
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7337.⁸⁹
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

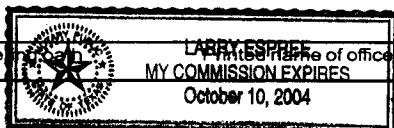
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **FLORAS, Roger OMA**, this the **25th** day of **April**, 20 **03**, to certify which, witness my hand and seal of office

Signature of officer administering oath



LARRY ESPINOZA
NOTARY PUBLIC
MY COMMISSION EXPIRES
October 10, 2004

Title of officer administering oath

Title of officer administering oath



Printed on recycled paper

Revised 05/11/2000

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10 of 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3.25.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. & MRS. FRANK GALINDO

6 Contributor address; City; State; Zip Code

P.O. BOX 12217
SAT 78212

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3.25.03

Full name of contributor

☐ out-of-state PAC (ID#)

LANG & KUSTOFF, LLP

Contributor address; City; State; Zip Code

4103 PARKDALE ST
SAT 78229

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.25.03

Full name of contributor

☐ out-of-state PAC (ID#)

ROGER C. HILL

Contributor address; City; State; Zip Code

5111 BROADWAY
SAT 78209

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.25.03

Full name of contributor

☐ out-of-state PAC (ID#)

MARSHALL B. MILLER, JR

Contributor address; City; State; Zip Code

319 LIMESTONE CREEK
SAT 78232

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.25.03

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN LEE ZACHRY

Contributor address; City; State; Zip Code

211 RIDGEMONT AVE
SAT 78209

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 OF 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-20-03

5 Full name of contributor ☐ out-of-state PAC (ID#)

JOHN DANIEL RICE

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

135 MELROSE DR E
SAT 78212

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-20-03

Full name of contributor ☐ out-of-state PAC (ID#)

DR. DANIEL JUAREZ

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1303 MC CULLOUGH AVE, SUITE 560
SAT 78212

Principal occupation (Optional)

Employer (Optional)

Date

3-20-03

Full name of contributor ☐ out-of-state PAC (ID#)

DR. BAKTHAVATHKALAM S. ATHREYA

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

730 N MAIN AVE, # 601
SAT 78205

Principal occupation (Optional)

Employer (Optional)

Date

3-20-03

Full name of contributor ☐ out-of-state PAC (ID#)

DR. RICARDO A. RIVAS, SR

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4215 GLENVIEW ST
SAT 78229

Principal occupation (Optional)

Employer (Optional)

Date

3-20-03

Full name of contributor ☐ out-of-state PAC (ID#)

DR. FELIX D. ALVAREZ, JR

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

323 INSPIRATION DRIVE
SAT

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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1 Total pages this Schedule A1:

3 OF 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3.20.03

5 Full name of contributor ☐ out-of-state PAC (ID#:

MARY ALICE CHISCANO

6 Contributor address; City; State; Zip Code

15243 PEBBLE COVE
SAT 782327 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3.27.03

Full name of contributor ☐ out-of-state PAC (ID#:

BRANT S. MITTLER

Contributor address; City; State; Zip Code

4319 MEDICAL DR, # 131
SAT 78229Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.27.03

Full name of contributor ☐ out-of-state PAC (ID#:

LOUISE A. MAUDEL

Contributor address; City; State; Zip Code

P.O. BOX 780325
SAT 78278Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.27.03

Full name of contributor ☐ out-of-state PAC (ID#:

KENNETH & SUSAN GINDY

Contributor address; City; State; Zip Code

3011 OLD ELM WAY
SAT 78230Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.28.03

Full name of contributor ☐ out-of-state PAC (ID#:

PETER & BETTY JEAN WOLVERTON

Contributor address; City; State; Zip Code

13018 COUNTRY TRAIL
SAT 78216Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 40 OF 15	
2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3.28.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONNA KELLER SCHNEIDER	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13102 VISTA DEL LA LAGUNA SAT 78216			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3.29.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HELEN L. LUNA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 210 STARDUST DR SAT 78228			
Principal occupation (Optional)		Employer (Optional)	
Date 3.29.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN C. THOMAS	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 E. TRAVIS, SUITE 1223 SAT 78205			
Principal occupation (Optional)		Employer (Optional)	
Date 3.31.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: L. LOWRY MAYS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 659512 SAT 78265			
Principal occupation (Optional)		Employer (Optional)	
Date 4.1.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TONY JINENEZ, III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 214 DWYER, SUITE 315 SAT 78204			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
50F15

2 FILER NAME **REEFER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4.1.03

5 Full name of contributor ☐ out-of-state PAC (ID#:
MR & MRS. JAMES W. GORMAN

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
**4040 BROADWAY, SUITE 615
SAT 78209**

9 Principal occupation (Optional)

10 Employer (Optional)

Date
4.1.03

Full name of contributor ☐ out-of-state PAC (ID#:
PHILIP F. BEYSON

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**TRAVIS PARK NORTH BLDG.
SAT 78205**

Principal occupation (Optional)

Employer (Optional)

Date
4.2.03

Full name of contributor ☐ out-of-state PAC (ID#:
ALEJANDRO & MARCELA QUIROZ

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**6 WAYWARD OAKS
SAT 78248**

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
TARA ADAMI & JASON HOELSCHER

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**22 JACKSON COURT
SAT 78230**

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
DAVID & SHANNON STEPHENS

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**323 E NOTTINGHAM
SAT 78209**

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:
10 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4.3.03

5 Full name of contributor ☐ out-of-state PAC (ID#:
JANE H. MACON

6 Contributor address; City; State; Zip Code
**300 CONVENT ST, SUITE 2200 SAT 78205
CONTRIBUTION RETURNED**

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
HELEN E. MOORE

Contributor address; City; State; Zip Code
**701 E. WOODLAWN, #1
SAT 78212**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
DAVID & KATIE TEDESCO-EVANS

Contributor address; City; State; Zip Code
**110 CITY AVENUE, APT. 2
SAT 78204**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
CAROL & WENDY TROELL

Contributor address; City; State; Zip Code
**323 EAST PARK AVE.
SAT 78212**

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
DANNY & SHESHIEDA SCOTT

Contributor address; City; State; Zip Code
**2065 W WOODLAWN AVE
SAT 78201**

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
7 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4.3.03

5 Full name of contributor ☐ out-of-state PAC (ID#:
PAUL STAHL

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
**341 FURR ST
SAT 78201**

9 Principal occupation (Optional)

10 Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
DUNNE & JUAREZ, L.L.C.

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**P.O. BOX 81772
AUSTIN, TEXAS 78708**

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
VERONICA & WILLIAM ALBERTS

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**5946 SPRING CLUSTER
SAT 78247**

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
JOSEPH & KRISTINA FELDER

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**15814 REDWOODS MANOR
SAT 78247**

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#:
JAMES & NICOLE MCNEEL

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
**131 PATTERSON AVE.
SAT 78209**

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:
8 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4.3.03

5 Full name of contributor ☐ out-of-state PAC (ID#)

MONICA J. RODRIGUEZ

6 Contributor address; City; State; Zip Code

**33 LUNA BATTIS LANE, # 6109
SAT 78218**

7 Amount of
contribution (\$)

30.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#)

REED D. RUNNELS

Contributor address; City; State; Zip Code

**5150 BROADWAY
SAT 78209**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#)

SHELTON E. PADGETT

Contributor address; City; State; Zip Code

**300 CONVENT ST, SUITE 1500
SAT 78205**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#)

ALAN SCHOENBAUM

Contributor address; City; State; Zip Code

**300 CONVENT ST, SUITE 1500
SAT 78205**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
4.3.03

Full name of contributor ☐ out-of-state PAC (ID#)

LT. COL. MICHAEL J. YUDO

Contributor address; City; State; Zip Code

**101 CROFTON, # 202
SAT 78210**

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:
9 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.4.03

5 Full name of contributor ☐ out-of-state PAC (ID#)

JENNIFER BOLDON ROSENBLATT

6 Contributor address; City; State; Zip Code

**4103 PARKDALE ST
SAT 78229**

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.4.03

Full name of contributor ☐ out-of-state PAC (ID#)

RENE D. RUIZ

Contributor address; City; State; Zip Code

**102 W CROCKETT, #604
SAT 78205**

Amount of
contribution (\$)

225.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.4.03

Full name of contributor ☐ out-of-state PAC (ID#)

STEPHAN & KELLY ROGERS

Contributor address; City; State; Zip Code

**4 SHOOTING CLUB RD.
BOERNE, TEXAS 78006**

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.4.03

Full name of contributor ☐ out-of-state PAC (ID#)

PATRICK HUELLEY

Contributor address; City; State; Zip Code

**501 D. TAULEBRIAR
SAT 78209**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.4.03

Full name of contributor ☐ out-of-state PAC (ID#)

DANIEL M. LAJE

Contributor address; City; State; Zip Code

**300 CONVENT ST, SUITE 1500
SAT 78205**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

10 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.5.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM & MARJORIE EASTRIDGE

6 Contributor address; City; State; Zip Code

**P.O. BOX 031675
SAT 78203**

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.5.03

Full name of contributor

☐ out-of-state PAC (ID#)

JULIE MICHELLE HOOPER

Contributor address; City; State; Zip Code

**923 S. ALAMO #1
SAT 78205**

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.5.03

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHANKE H. CHAPMAN

Contributor address; City; State; Zip Code

**202 MADISON
SAT 78204**

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.5.03

Full name of contributor

☐ out-of-state PAC (ID#)

ZANE & CHRISTINE REINHARD

Contributor address; City; State; Zip Code

**12222 VANCE JACKSON, # 628
SAT 78230**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

ANONYMOUS

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

30.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

11 OF 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.6.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

KAY E. CLARENCE SIMPSON

6 Contributor address: City: State: Zip Code

149 HARRIETT
SAT 78216

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

JANIE E. HERNANDEZ

Contributor address: City: State: Zip Code

935 W. WINNIPEE
SAT 78225

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

TEREKY HERNANDEZ

Contributor address: City: State: Zip Code

935 W. WINNIPEE
SAT 78225

Amount of
contribution (\$)

10.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERTA BARRIOS

Contributor address: City: State: Zip Code

715 SUMNER
SAT 78209

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

LETICIA M. SAUCEDO

Contributor address: City: State: Zip Code

207 CLAY ST.
SAT 78204

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

12 OF 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.7.03

5 Full name of contributor

STACY VUDO

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

212 MADISON, #8
SAT 78204

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.7.03

Full name of contributor

SHARON J. DALY

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

421 MISSION ST
SAT 78210

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.8.03

Full name of contributor

RON H. GOSSEN

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

3605 HIDDEN DR, APT. B-2
SAT 78217

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.9.03

Full name of contributor

MARTIN E. CHAPA

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

8623 PUTNAM DR APT. D
AUSTIN, TEXAS 78757

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.9.03

Full name of contributor

MIKE & NAUCY HOOPER

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

BOX 6004
SISTERDALE, DALE 78006

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

13 OF 15

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.10.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOSE PENDON

6 Contributor address; City; State; Zip Code

1123 NAVARRO ST
SAT 78205

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.14.03

Full name of contributor

☐ out-of-state PAC (ID#)

JODY E HARRIS COLLINS

Contributor address; City; State; Zip Code

140 CROFTON AVE
SAT 78210

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.15.03

Full name of contributor

☐ out-of-state PAC (ID#)

O.R. SEIDENBERGER

Contributor address; City; State; Zip Code

8930 WURKBACH RD, NO. 240
SAT 78240

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.16.03

Full name of contributor

☐ out-of-state PAC (ID#)

RAYMOND E SONIA SUIRE

Contributor address; City; State; Zip Code

125 ROSEMARY
SAT 78209

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4.17.03

Full name of contributor

☐ out-of-state PAC (ID#)

BLAKE DAVIS

Contributor address; City; State; Zip Code

111 SOLEDAD ST., SUITE 300
SAT 78205

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
14 OF 15

2 FILER NAME **ROCKY FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date **4.17.03**
5 Full name of contributor ☐ out-of-state PAC (ID#:
3D/1 PAC
6 Contributor address: City: State: Zip Code
**1900 WEST LOOP SOUTH, SUITE 600
HOUSTON, TEXAS 77027**

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date **4.18.03**
Full name of contributor ☐ out-of-state PAC (ID#:
DEPUTY SHERIFFS ASSOC. BEXAR CTY.
Contributor address: City: State: Zip Code
**909 BROADWAY
SAT 78215**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **4.18.03**
Full name of contributor ☐ out-of-state PAC (ID#:
JERRY & NOVA CHAVEZ
Contributor address: City: State: Zip Code
**33 LYNN BATES LANE, #3206
SAT 78218**

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **4.21.03**
Full name of contributor ☐ out-of-state PAC (ID#:
RONALDO & TERESA JUAREZ
Contributor address: City: State: Zip Code
**905 N ARLINGSTON
KINGSVILLE, TEXAS 78363**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **4.21.03**
Full name of contributor ☐ out-of-state PAC (ID#:
IGNACIO A PEREZ, III
Contributor address: City: State: Zip Code
**211 1514 ST
SAT 78210**

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

15 OF 15

2 FILER NAME **ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.23.03

5 Full name of contributor

SA REALTORS PAC

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

500.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**9110 IH 10 W
SAT 78230**

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4.23.03

Full name of contributor

A.P. CANALES

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**13246 HUNTERS BREEZE
SAT 78230**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C: 1 OF 1	
2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-17-03	5 Corporation / Labor Organization name SERVICE EMPLOYEES INTERNATIONAL UNION C.O.P.E. FUND	7 Amount of contribution (\$) 500.⁰⁰	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 1313 L ST NW WASHINGTON, DC 20005		
Date 4-21-03	Corporation / Labor Organization name SHEET METAL WORKERS	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 130 AVENUE DEL REY SAT 78216		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 OF 4

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.1.03

5 Payee name

ELECTION SUPPORT SERVICES

7 Amount (\$)

2999.¹⁰

6 Payee address; City; State; Zip Code

5309 MCCULLOUGH
SAT 78212

8 Purpose of payment (See instructions regarding type of information required.)

DIRECT MAIL

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4.2.03

Payee name

MUNGUIA PRINTERS, INC

Amount (\$)

453.⁰⁸

Payee address; City; State; Zip Code

2201 BUENA VISTA
SAT 78207

Purpose of payment (See instructions regarding type of information required.)

ADDITIONAL DOOR HANGERS FOR
BLOCK - WALKING** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4.3.03

Payee name

MORRISON GROUP

Amount (\$)

1447.⁰⁵

Payee address; City; State; Zip Code

510 E. RANSEY, SUITE 1
SAT 78216

Purpose of payment (See instructions regarding type of information required.)

PICTURES

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4.4.03

Payee name

EASY DRIVE SAN ANTONIO

Amount (\$)

120.⁸²

Payee address; City; State; Zip Code

906 RUIZ ST
SAT 78207

Purpose of payment (See instructions regarding type of information required.)

STAKES FOR SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 OF 4

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

OFFICE MAX

7 Amount (\$)

4.4.03

6 Payee address;

City; State; Zip Code

12635 IH-10 W, SUITE 525
SAT 78230

111.00

8 Purpose of payment (See instructions regarding type of information required.)

INK JET CARTRIDGES

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

U.S. POSTMASTER

Amount (\$)

4.5.03

Payee address;

City; State; Zip Code

AIRPORT MAIL FACILITY
SAT 78246

37.00

Purpose of payment (See instructions regarding type of information required.)

STAMPS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

TEXAS RECHARGE & TONER

Amount (\$)

4.7.03

Payee address;

City; State; Zip Code

4234 CAUTER GATE
SAT 78217

51.67

Purpose of payment (See instructions regarding type of information required.)

TONER FOR COPY MACHINE

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

U.S. POSTMASTER/MAIL SERVICE PLUS

Amount (\$)

4.14.03

Payee address;

City; State; Zip Code

5525 BLANCO RD #125
SAT 78216

57.00

Purpose of payment (See instructions regarding type of information required.)

STAMPS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 4

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-17-03

5 Payee name

MUNQUIA PRINTERS, INC

7 Amount (\$)

1324.⁶³

6 Payee address; City; State; Zip Code

2201 BAYENA VISTA
SAT 78207

8 Purpose of payment (See instructions regarding type of information required.)

MAILER

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-17-03

Payee name

JANE H. MACON

Amount (\$)

100.⁰⁰

Payee address; City; State; Zip Code

300 CONVENT ST, SUITE 2200
SAT 78205

Purpose of payment (See instructions regarding type of information required.)

RETURNED CONTRIBUTION

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-17-03

Payee name

U.S. POSTMASTER

Amount (\$)

148.⁰⁰

Payee address; City; State; Zip Code

LOCKHILL STATION
SAT 78230

Purpose of payment (See instructions regarding type of information required.)

STAMPS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-18-03

Payee name

U.S. POSTMASTER

Amount (\$)

37.⁰⁰

Payee address; City; State; Zip Code

LOCKHILL STATION
SAT 78230

Purpose of payment (See instructions regarding type of information required.)

STAMPS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 OF 4

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.22.03

5 Payee name

TB DESIGNS

7 Amount (\$)

424.⁰⁰

6 Payee address; City; State; Zip Code

323 SHANNON RIDGE
SAT 78115

8 Purpose of payment (See instructions regarding type of information required.)

T-SHIRTS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4.22.03

Payee name

DANN ANN LARIOS

Amount (\$)

47.42

Payee address; City; State; Zip Code

4706 PARADISE WOODS
SAT 78249

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

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Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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